		Supplementary Table S2; Full list of statements with voting results and consensus agreement								
Order Nr.	Category	Statement	2018 Round 2	2018 Round 1	2011	% Chose answer	% Strongly disagree + disagree	% Strongly agree + agree	Strongly disagree	Disagree
1	Who should be screened	Altered statement:All patients with a diagnosis of PDAC should be offered genetic counseling and genetic testing to look for pancreatic cancer susceptibility gene mutations.	No consensus	No consensus	Not included		22.4	53.9	3.9	18.4
2	Who should be screened	Statement remains unaltered:Screening should only be offered to individuals who are candidates for surgical management.	No consensus	No consensus	Consensus		38.2	51.3	11.8	26.3
3	Who should be screened	Altered statement: For patients with a familial risk (no known germline mutations or PJS), screening should begin by the age of								
4	Who should be screened	45 years or 10 years younger than	No consensus	No consensus	No consensus	10.3				
_	Who should be			No	No					
5	screened Who should be	50 years or 10 years younger than	Consensus	consensus	No	67.6				
6	screened Who	55 years or 10 years younger than  Altered statement:For germline mutation carriers (excl. PJS), screening should begin 5	Consensus	consensus	consensus	22.1				
7	should be screened Who	years earlier than for the defined familial pancreatic cancer high-risk individuals.	Consensus	No consensus	No consensus		6.7	74.7	1.3	5.3
8	should be screened Who	Altered statement:For PJS patients, screening should begin at least by the age of								
9	should be screened	30 years or 10 years younger than	No consensus	No consensus	No consensus	14.9				
10	Who should be screened	35 years or 10 years younger than	No consensus	No consensus	No consensus	17.9				
11	Who should be screened	40 years or 10 years younger than	Consensus?	No consensus	No consensus	67.2				
12	Who should be	New statement: Patients with hereditary pancreatitis should undergo pancreatic imaging surveillance at age 40 or 20 years after the	No	Not	Not		4.5	74.2	0.0	4.5
12	screened Who should be	onset of pancreatitis.	consensus	included	included		4.5	71.2	0.0	4.5
13	screened Who should be	BRCA1 Statement remains unaltered:Current smokers should start screening 5 years earlier than	Consensus No	Consensus No	consensus		6.8	82.4	2.7	4.1
14	screened Who should be	nonsmokers.  Statement remains unaltered:Individuals should	consensus	consensus	consensus		7.0	53.5	0.0	7.0
15	screened Who	be considered for screening if they  Have three or more affected blood relatives on								
16	should be screened Who	the same side of the family, with at least one affected FDR  Have three or more affected blood relatives on	Consensus	Consensus	Consensus		1.4	97.2	1.4	0.0
17	should be screened	the same side of the family, with no affected FDR  Have two or more affected family members	No consensus	No consensus	Not included		4.2	65.3	1.4	2.8
18	Who should be screened	related to each other in the first degree, of whom at least one is an FDR of the person considered for screening	Consensus	Consensus	Consensus		2.8	93.0	1.4	1.4
19	Who should be screened	Have two affected blood relatives on the same side of the family, with at least one affected FDR	Consensus	No consensus	Consensus		2.8	87.5	0.0	2.8
	Who should be	Have two affected blood relatives on the same	No	No	No					
20	screened Who should be	side of the family, with no affected FDR	consensus No	consensus No	Not		9.7	38.9	1.4	8.3
21	screened	Have an affected mother and an affected father	consensus	consensus	included		4.2	60.6	1.4	2.8

Stimulate be   Deconsidered for pannosate screening if they   Not   Not   Deconsiderations   Not   Not   Deconsiderations   Not   Not   Deconsiderations   Not   Not   Deconsiderations   Not											
22   Screened   Name on delicitorious   Name   Concessus   Name		Who									
Who should be   CONNEAD p161_aldern gene mutation, and one   Connensus   Con	22										
Should be   CDRNCAD   15-Linder gene mutation, and one   Consessus   Consensus   Consens	22		nave a deleterious								
28   Servened   affocated FOR   Consensus   Consensu			CDIANGA and C. I. address are an extension and and								
Who should be   CONNEAR p161-piden gene mutation, and no affected blood values   Consensus   Consens	22			Concencue	Concencus	Concencus		0.0	08.6	0.0	0.0
A scored but   Communication	23		allected I DIT	Consensus	Consensus	Consensus		0.0	36.0	0.0	0.0
24   Streement   Afficiated blood rolatifyees   Streement   Park   Par			CDKN2A n16-Leiden gene mutation, and no			No					
With   Stroke   Str	24			Consensus	Consensus			0.0	77.1	0.0	0.0
Second   S			anotod blood folativos	Conscisus	CONSCIISUS	conscrisus		0.0	,,,,	0.0	0.0
25   Screened   Felatives   Consensus		1	BBCA2 gene mutation, and two affected blood								
Wincompanies   Secretaria   S	25			Consensus	Consensus	Consensus		0.0	95.7	0.0	0.0
25   Screened   BRCA2 gene mutation, and one affected FDR   No		Who									
Who   Should be   BRCAZ gene mutation, and no affected blood rollarives   No   No   No   No   No   No   No   N		should be									
who should be conserved and included included some state of the conserved and some state of th	26	screened	BRCA2 gene mutation, and one affected FDR	Consensus	Consensus	Consensus		2.9	92.8	0.0	2.9
27   Screened   relatives   Consensus   Consensus   Included   17.1   38.6   1.4   15.7		Who	· · · · · · · · · · · · · · · · · · ·								
Who should be   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   Secreemed   SRCA1 gene mutation, and no affected blood   No consensus   SRCA1 gene mutation   No consensus   SRCA1 gene mutation, and no affected blood   No consensus   SRCA1 gene mutation   No consensus		should be	BRCA2 gene mutation, and no affected blood	No	No	Not					
Set   Secreted   BRCA1 gene mutation, and one affected FDR   No consensus	27	screened	relatives	consensus	consensus	included		17.1	38.6	1.4	15.7
28   Screened   BRCA1 gene mutation, and no affected FDR   No		Who									
who should be relatives    FALB2 gene mutation, and no affected blood romensus    Statement remains unaltered individuals should be considered for screening if they have    Who should be rank TM gene mutation, and one affected blood reserved    The state of the screened    Who should be rank TM gene mutation, and no affected blood relative    Tonsensus    Tonsensus    Tonsensus    Consensus    Consensus    Consensus    Tonsensus		should be		No	No	Not					
should be should be should be should be screened with the should be some should be some should be screened who should be screened who should be screened white should be should be screened white sh	28	screened	BRCA1 gene mutation, and one affected FDR	consensus	consensus	included		5.8	69.6	0.0	5.8
29   Screened   relatives   Should be   Should be   PALB2 gene mutation, and no affected FDR   No consensus   Screened   PALB2 gene mutation, and no affected blood   Statement remains unaftered:individuals should be   Statement remains unaftered:individuals without   Statement:individuals without   St											
who should be 30 screened PALB2 gene mutation, and one affected FDR Who should be considered for screening if they have  Who should be 31 screened who screened who should be screened who screened who should be 32 screened who should be 33 screened who should be 34 screened who should be 35 screened who should be 36 screened who should be 36 screened who should be 37 screened who should be 38 screened who should be 39 screened who should be 39 screened who should be 39 screened who should be 30 screened who should be 31 screened who should be 32 screened who should be 33 screened who should be 34 screened who should be 35 screened who should be 36 screened who should be 37 screened who should be 38 screened who should be 39 screened who should be 30 screened w											
Should be   PALB2 gene mutation, and one affected FDR   Consensus   Consensu	29		relatives	consensus	consensus	included		28.6	18.6	2.9	25.7
30   Sereened   PALBZ gene mutation, and one affected FDR   No   Not   Statement remains unaltered individuals should be											
who should be year pattern or regardless of family should be screened with the should			DALBO CIL III III III III III III III III III								
should be statement from the should be screened with the should be considered for screening if they have  **No should be screened an ATM gene mutation, and no affected FDR who should be an ATM gene mutation, and no affected blood relatives  **To screened an ATM gene mutation, and no affected blood relatives and the screened an ATM gene mutation, and no affected blood relatives  **To screened an ATM gene mutation, and no affected blood relatives and the screened an ATM gene mutation, and no affected blood relatives  **To screened an ATM gene mutation, and no affected blood relatives and the screened an ATM gene mutation, and no affected blood relatives and the screened and screened an ATM gene mutation and the screened and screened an ATM gene mutation and the screened and screened an ATM gene mutation and the screened and screened an ATM gene mutation and the screened and screened an ATM gene mutation and the screened and screened an ATM gene mutation and the screened and screened an ATM gene mutation and the screened and screened and screened an ATM gene mutation and screened an ATM gene mutation and screened an ATM gene mutation and affected blood relatives and screened and screened an advanced and screened an advanced and screened and screened and screened an advanced an advanced and screened and screened and screened an advanced and screened an advanced and screened and screened and screened an advanced and screened and screened and screened and screened and screened an advanced and screened an	30		PALB2 gene mutation, and one affected FDR	Consensus	Consensus	Consensus		1.5	83.3	0.0	1.5
33   screened   relatives   Statement remains unaltered/individuals should be   screened   should be   screened   should be   should be   should be   screened   should be   should be   should be   screened   should be   screened   should be   should be   should be   screened   should be   should be   screened   should be   screened   should be   should be   screened   should be   should be   screened   screening should include   screened   screening should include   screened   screening should include   screening should include   screened   screening should include   screened   screening should include   screened   screening should include   screening should includ			DALBO CIL III III III		NI.	No					
Who should be screened   Statement remains unaltered individuals should be considered for screening if they have	24							47.6	20.0		43.3
should be 32 screened be considered for screening if they have  Who should be 33 screened an ATM gene mutation, and no affected FDR stoud be 34 screened an ATM gene mutation, and no affected blood relative 35 screened an ATM gene mutation, and no affected blood relative 36 screened an ATM gene mutation, and no affected blood relative 36 screened an ATM gene mutation, and no affected blood relative 37 screened an ATM gene mutation, and no affected blood relative 37 screened and part of the policy of PC consensus and part of PC consen	31		relatives	consensus	consensus	included		17.6	36.8	4.4	13.2
32 screened who should be streemed an ATM gene mutation, and one affected FDR consensus for screened should be an ATM gene mutation, and no affected blood relatives consensus for screened should be an ATM gene mutation, and no affected blood relatives consensus for screened should be as screened should be a											
who should be screened an ATM gene mutation, and one affected FDR who should be as screened with the streened with the with the streened with the streened with the streened with the w	22										
Should be   33   Screened   an ATM gene mutation, and one affected FDR   No   Not   S.9   88.2   0.0   5.9	32		be considered for screening if they have								
33 screened with the should be should be screened with the should be should be should be screened with the should be screened with the should be screened with the should be screened with the should be should be should be should be screened with the should be should be should be screened with the should be should be screened with the should be s		1				Not					
Who should be an ATM gene mutation, and no affected blood relatives  Who should be ascreened relatives  Peutz-Jeghers syndrome, regardless of family history of PC  Who should be ascreened (HNPCCLynch), and one affected FDR  Who should be a mismatch repair gene mutation should be a mismatch repair gene mutation (HNPCCLynch), and one affected blood relative consensus  Who should be a mismatch repair gene mutation (HNPCCLynch), and one affected blood relative consensus  Who should be a mismatch repair gene mutation (HNPCCLynch), and one affected blood relative consensus  Altered statement-For individuals without evidence of a significant pancreatic abnormality (Le, pancreatic eys trow worksome feature), soreemed At age 80  Who should be a screened At age 80  At age 85  No No No No Consensus  No N	33		an ATM gone mutation, and one affected EDR	Concencue	Concencus	1		5.0	88.2	0.0	5.0
should be 34 screened relatives on the part of the par	33		an ATM gene mutation, and one anected FDA	Consensus	Consensus	included		3.9	00.2	0.0	3.9
34 screened relatives consensus consensus included 20.6 33.8 2.9 17.6 Who should be should be should be should be should be 35 screened (HNPCC/Lynch), and one affected FDR Consensus Cons			an ATM gans mutation, and no affected blood	No	No	Not					
Who should be should be should be should be streemed history of PC  Who should be screened history of PC  Who should be should be should be should be should be should be screened history of PC  Who should be should be screened history of PC  Who should be should be screened history of PC  Who should be screened history of PC  No onsensus consensus history of PC  No onsensus c	34			-		1		20.6	33.8	2 9	17.6
should be screened history of PC  Who should be a mismatch repair gene mutation (HNPCC/Lynch), and one affected FDR  The should be screened (HNPCC/Lynch), and one affected blood relative should be screened (HNPCC/Lynch), and no affected blood relatives hould be should be screened (HNPCC/Lynch), and no affected blood relatives (Consensus (Con	J-1		relatives	conscisus	conscrisus	Included		20.0	33.0	2.3	17.0
Screened   history of PC   Consensus   C			Peutz-Jeghers syndrome regardless of family								
Who should be screened (HNPCC/Lynch), and one affected FDR Consensus Consens	35			Consensus	Consensus	Consensus		0.0	98.6	0.0	0.0
Screened   Consensus   Conse		Who									
36   screened   (HNPCC/Lynch), and one affected FDR   Consensus   Consensus   S.8   84.1   0.0   5.8		should be	a mismatch repair gene mutation		No						
should be screened (HNPCC/Lynch), and one affected blood relative screened (HNPCC/Lynch), and one affected blood relative should be screened (HNPCC/Lynch), and one affected blood relatives (HNPCC/Lynch), and one affected blood relatives screened (HNPCC/Lynch), and no affected blood relatives (Consensus (Included (I	36	screened		Consensus	consensus	Consensus		5.8	84.1	0.0	5.8
37 screened (HNPCC/Lynch), and one affected blood relative who should be screened (HNPCC/Lynch), and one affected blood relatives (HNPCC/Lynch), and one affected blood relatives (HNPCC/Lynch), and no affected blood relatives (Consensus (Co		Who									
Who should be screened (HNPCC/Lynch), and no affected blood relatives consensus consensus (HNPCC/Lynch), and no affected blood relatives consensus consensus (HNPCC/Lynch), and no affected blood relatives consensus consensus included 26.1 17.4 7.2 18.8 Altered statement: For individuals without evidence of a significant pancreatic abnormality evidence of a significant pancreatic cyst or worrisome feature), screening should stop  Who should be screened At age 75 consensus consensu		should be		No	No	No					
should be screened	37	screened	(HNPCC/Lynch), and one affected blood relative	consensus	consensus	consensus		5.8	63.8	1.4	4.3
Screened   Chype College   Consensus   C											
Altered statement:For individuals without evidence of a significant pancreatic abnormality (i.e. pancreatic expt or worrisome feature), screened should be screened At age 75  Who should be At age 80  Who should be At age 80  Who should be At age 80  At age 85  Who should be At age 85  No consensus consensus 5.5  No N											
Who should be screened screening should stop  Who should be screened At age 75  Who should be screened At age 80  At age 80  No consensus conse	38	screened		consensus	consensus	included		26.1	17.4	7.2	18.8
should be screened screening should stop  Who should be screened At age 75  Who should be screened At age 80  Who should be screened At age 85  Who should be screened Never, as long as the individual is fit for surgery statement remains unaltered:Baseline pancreatic screening tests should include (multiple answers allowed):  How to How to At age 85  Consensus Consensus Consensus Sa.4  Consensus Consensus Consensus Sa.4  Consensus Consensus Consensus Sa.4  Consensus Consensus Consensus Sa.4  Consensus Consensus Consensus Consensus Sa.4  Consensus Consensus Consensus Consensus Consensus Sa.4  Consensus Con		Who									
39 screened screening should stop  Who should be screened At age 75 consensus consensus consensus consensus consensus consensus 12.3  Who should be screened At age 80 consensus consensus 28.8  Who should be screened At age 85 consensus consensus consensus 28.8  Who should be screened At age 85 consensus consensus 25.5  Who should be screened At age 85 consensus consensus consensus consensus consensus 25.5  Who should be screened Never, as long as the individual is fit for surgery consensus consensu											
Who should be screened At age 75  Who should be screened At age 80  At age 80  No consensus cons	39										
should be screened At age 75  Who should be screened At age 80  At age 80  No consensus consensu											
40 screened At age 75 consensus consensus consensus 12.3 line with the should be should be should be At age 80 consensus consensus consensus consensus consensus 28.8 line with the should be At age 85 line pancreatic screening tests should include (multiple answers allowed):  How to 45 screen EUS consensus 5.5 line line with the state of				No	No	No					
Who should be At age 80  At age 80  No consensus consens	40	screened	At age 75	consensus	consensus	consensus	12.3				
41 screened At age 80 consensus consensus consensus 28.8  Who should be screened At age 85 No consensus consensus 5.5  Who should be screened Never, as long as the individual is fit for surgery consensus consensus consensus 53.4  How to screen (multiple answers allowed):  How to screen EUS  Who screen MRI/MRCP  Consensus Sacreen Consensus Consensus Sacreen Seus Seus Seus Seus Seus Seus Seus Seus		Who									
Who should be screened At age 85  Who should be screened Never, as long as the individual is fit for surgery consensus  At age 85  No consensus  No consensus  No consensus  No consensus  Statement remains unaltered:Baseline pancreatic screening tests should include (multiple answers allowed):  How to screen EUS  Consensus  Consensus  No consensus  Statement remains unaltered:Baseline pancreatic screening tests should include (multiple answers allowed):  How to screen  How to screen  How to screen  How to screen  MRI/MRCP  Consensus				No	No	No					
should be screened At age 85 Consensus Consens	41		At age 80	consensus	consensus	consensus	28.8				
42 screened At age 85 consensus consensus consensus 5.5											
Who should be Screened Never, as long as the individual is fit for surgery Statement remains unaltered:Baseline pancreatic screening tests should include (multiple answers allowed):  How to screen EUS Consensus Consensus Salowed Screen EUS Consensus Consensus Salowed Screen MRI/MRCP Consensus Consensus Salowed Screen MRI/MRCP Consensus Consensus Salowed Salowed Screen MRI/MRCP Consensus Consensus Salowed Salowe											
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43 screened Never, as long as the individual is fit for surgery consensus consensus consensus 53.4 Statement remains unaltered:Baseline pancreatic screening tests should include (multiple answers allowed):  How to screen EUS  How to screen MRI/MRCP  Consensus  Consensus  Consensus  Consensus  Consensus  Sa.4  Consensus  Consensus  Sa.4  Consensus  Consensus  Sa.4  Consensus  Consensus  Sa.4  Consensus  Consen					NI.						
Statement remains unaltered:Baseline pancreatic screening tests should include (multiple answers allowed):  How to screen EUS  How to screen EUS  Consensus  No consensus  86.8  How to screen MRI/MRCP  Consensus  Consensus  Consensus  Statement remains unaltered:Baseline pancreatic screening tests should include (consensus)  No consensus  86.8	43		Never so long so the individual in fit for				F2.4				
How to screen (multiple answers allowed):  How to screen EUS  Consensus  Consensus  No consensus  EUS  Consensus	43	screened		consensus	consensus	consensus	53.4				
44 screen (multiple answers allowed):  How to screen EUS  Consensus  Consensus  No consensus  86.8  How to screen MRI/MRCP  Consensus		How to									
How to screen EUS Consensus 86.8  How to screen MRI/MRCP Consensus Consensus 92.1  How to screen MRI/MRCP Consensus Consensus Consensus Political	44					Consensus					
45         screen         EUS         Consensus         86.8           How to screen         MRI/MRCP         Consensus         Consensus         92.1           How to			(		No						
How to screen MRI/MRCP Consensus Consensus 92.1	45		EUS	Consensus			86.8				
46         screen         MRI/MRCP         Consensus         92.1           How to         How to         Image: Consensus of the consensus o											
How to	46		MRI/MRCP	Consensus	Consensus		92.1				
47 screen CT Consensus Consensus 19.7		How to									
5	47	screen	CT	Consensus	Consensus		19.7				

	How to									
48	screen	Abdominal ultrasound	Consensus	Consensus		2.6				
	Housto	Statement remains unaltered:Follow-up								
49	How to screen	pancreatic screening tests should include (multiple answers allowed):			Consensus					
43	How to	(multiple answers allowed).			Consensus					
50	screen	EUS	Consensus			89.5				
	How to									
51	screen	MRI/MRCP	Consensus			89.5				
F2	How to	O.T.	6			45.0				
52	screen How to	CT	Consensus			15.8				
53	screen	Abdominal ultrasound	Consensus			1.3				
	How to	Altered statement:For HRI without significant detectable pancreatic abnormalities (i.e. those that require shortening surveillance intervals or surgical resection), an acceptable surveillance protocol* is (multiple answers allowed):*With additional imaging in case suspicious findings	Conscious		Not	110				
54	screen	are found			included					
55	How to screen	EUS only	Consensus			19.7				
	How to	Loc only	No			13.7				
56	screen	MRI/MRCP only	consensus			31.6				
	How to									
57	screen	Both EUS and MRI/MRCP	Consensus			25.0				
58	How to screen	EUS and MRI/MRCP alternating	No consensus			68.4				
50	How to	200 and willing alternating	CONSCIISUS			00.4				
59	screen	MRI/MRCP annually and EUS every 3rd year	Consensus			10.5				
	How to									
60	screen	EUS, MRI/MRCP, and CT alternating Altered statement:For HRI without significant detectable pancreatic abnormalities (i.e. those that require shortening surveillance intervals or surgical resection), my preferred surveillance protocol* is (one answer allowed):*With	Consensus			5.3				
61	How to screen	additional imaging in case suspicious findings are found			Not included					
62	How to screen	Both EUS and MRI/MRCP				15.9				
62	How to	FUO and MPI/MPOP allowed for				50.7				
63	screen How to	EUS and MRI/MRCP alternating				50.7				
64	screen	EUS only				2.9				
	How to									
65	screen	EUS, MRI/MRCP, and CT alternating				7.2				
	How to									
66	screen	MRI/MRCP annually and EUS every 3rd year				5.8				
67	How to	MRI/MRCP only				17.4				
07	screen	Statement remains unaltered:CA19-9 should be				17.4				
	How to	used as an additional surveillance test for		No	Not					
68	screen	individuals with worrisome features on imaging.  Statement remains unaltered:Routine testing for	Consensus	consensus	included		8.8	76.5	0.0	8.8
	How to	diabetes mellitus with fasting blood glucose		No	Not					
69	screen	and/or hemoglobin A1c should be performed.	Consensus	consensus	included		8.5	76.1	1.4	7.0
	How to	Altered statement:In absence of pancreatic abnormalities, the recommended surveillance		No	Not					
70	screen	interval is 12 months.	Consensus	consensus	included		0.0	90.4	0.0	0.0
71	How to screen	Altered statement:For patients with small (<1 cm), non-functioning neuroendocrine tumors, the recommended surveillance interval is 12 months.	Consensus	No consensus	Not included		2.9	82.6	0.0	2.9
	How to	Altered statement:For patients with low-risk findings (i.e. pancreatic lobulation or a cyst without worrisome features), the recommended surveillance interval is 12		No	No			22.0	5.3	
72	screen	months.	Consensus	consensus	consensus		4.3	88.6	1.4	2.9
73	How to	Statement remains unaltered:For CDKN2A p16- Leiden mutation carriers with newly detected pancreatic abnormalities that are concerning but do not lead to surgery (mild MPD dilation, stricture without mass), repeat imaging should be performed within 3-6 months.	Consensus	Consensus	Consensus		0.0	98.5	0.0	0.0
/3	scieeli	De periorified within 3-0 months.	Consensus	Consensus	Consensus		0.0	56.5	0.0	0.0

				•						
		Altered statement: A diagnosis of new-onset								
		diabetes* in an HRI under surveillance, prompts								
	How to	for immediate investigations.*Defined as a new diagnosis of diabetes within 36 months of a		No	Not					
74	screen	previous normal glucose test.	Consensus	consensus	included		1.4	90.3	1.4	0.0
		i i	Conscisus					30.3		0.0
75	How to screen	Statement remains unaltered:Smoking status does not affect the surveillance interval.	Consensus	No consensus	Not included		4.3	76.8	0.0	4.3
73	screen	Statement remains unaltered:When a cystic	Consensus	consensus	included		4.3	70.8	0.0	4.3
	How to	lesion without worrisome features is detected.	No	No	No					
76	screen	EUS-FNA should be performed.	consensus	consensus	consensus		60.9	15.9	4.3	56.5
		Statement remains unaltered: When a cystic								
		lesion with worrisome features (i.e. mural			No					
77	How to screen	nodule, solid component, duct dilation, etc) is detected, EUS-FNA should be performed.	Consensus	Consensus	No consensus		11.4	84.3	2.9	8.6
//		· ·	Consensus	Consensus	Consensus		11.4	04.3	2.9	8.0
70	How to	Statement remains unaltered:When a solid	C	C			0.0	05.7	0.0	0.0
78	screen	lesion is detected, CT should be performed.	Consensus	Consensus	Consensus		0.0	95.7	0.0	0.0
70	How to	Altered statement:At detection of a solid lesion,			No					
79	screen	EUS-FNA should be performed	N		consensus					
80	How to screen	Alwaya	No consensus	Consensus		70.1				
80	How to	Always	consensus	Consensus		70.1				
81	screen	If 5 mm or greater	Consensus	Consensus		19.4				
01	How to	or ground	Conscisus	Conscisus		13.4				
82	screen	If 10 mm or greater	Consensus	Consensus		4.5				
	How to	Ü	No	Not						
83	screen	Never	consensus	included		6.0				
		Altered statement:When a solid lesion of								
	How to	uncertain significance is newly detected and the								
84	screen	patient is not referred for surgery, imaging should be repeated after 3 months.	Consensus	Consensus	Consensus		2.9	91.2	1.5	1.5
04	Sciecti	Statement remains unaltered:Standardized	Conscisus	CONSCIISUS	CONSCIISUS		2.3	31.2	1.3	1.5
	How to	nomenclature should be used to define chronic								
85	screen	pancreatitis-like abnormalities.	Consensus	Consensus	Consensus		0.0	98.6	0.0	0.0
		Statement remains unaltered:In the presence of								
0.0	How to	severe chronic pancreatitis, EUS screening	No	No	No		46.3	26.2	3.1	42.1
86	screen	should be discontinued.  Altered statement:When an asymptomatic MPD-	consensus	consensus	consensus		46.2	26.2	3.1	43.1
	How to	stricture with an associated suspicious mass is								
87	screen	detected								
	How to				No					
88	screen	EUS-FNA should be performed	Consensus	Consensus	consensus		10.0	75.7	4.3	5.7
	How to				Not					
89	screen	Surgery should be performed	Consensus	Consensus	included		7.2	81.2	1.4	5.8
	How to	Altered statement: When an asymptomatic MPD- stricture of unknown etiology (without a mass) is								
90	screen	detected								
	How to				No					
91	screen	CT should be performed	Consensus	Consensus	consensus		4.5	86.6	0.0	4.5
	How to		No	No	No					
92	screen	ERCP should be performed	consensus	consensus	consensus		37.3	17.9	7.5	29.9
	How to	EUO ENA L. LLI		No	No					
93	screen	EUS-FNA should be performed	Consensus	consensus	consensus		8.8	77.9	2.9	5.9
94	How to screen	Surgery should be performed	No consensus	No consensus	Not included		25.8	18.2	1.5	24.2
34	scieen	Statement remains unaltered:When a patient	consensus	consensus	included		23.8	10.2	1.5	24.2
		with an MPD-stricture is not referred for surgery,								
	How to	repeat imaging should be performed within 3								
95	screen	months.	Consensus	Consensus	Consensus		0.0	98.5	0.0	0.0
	When and	Statement remains unaltered: A solid lesion,								
	how to	detected by EUS (except biopsy-proven or highly suspicious to be neuroendocrine,								
	perform	autoimmune or other benign conditions) should								
96	surgery	be resected								
	When and									
	how to									
0=	perform	Department of the	No	No	No			0		0.5
97	surgery	Regardless of size	consensus	consensus	consensus		8.8	64.7	0.0	8.8
	When and how to									
	perform			No	No					
98	surgery	When 5 mm or greater	Consensus	consensus	consensus		2.9	77.9	0.0	2.9
	When and	3								
	how to									
								4		
99	perform surgery	When 10 mm or greater	Consensus	Consensus	No consensus		4.4	91.2	0.0	4.4

	When and								
	how to	Altered statement:In an HRI undergoing							
100	perform surgery	pancreatic screening, an IPMN should be resected in case of							
	When and	Toologica III dado diiii							
	how to								
101	perform	Cina of O one or overton	No	No	No	42.0	0.1	1.5	42.4
101	surgery When and	Size of 2 cm or greater	consensus	consensus	consensus	43.9	9.1	1.5	42.4
	how to								
	perform		No	No	No				
102	surgery	Size of 3 cm or greater	consensus	consensus	consensus	19.7	45.5	0.0	19.7
	When and how to								
	perform				No				
103	surgery	A mural nodule	Consensus	Consensus	consensus	0.0	91.0	0.0	0.0
	When and								
	how to perform				Not				
104	surgery	An enhanced solid component	Consensus	Consensus	included	0.0	97.0	0.0	0.0
	When and	7 III O'III CI II CO							
	how to								
105	perform	Communications in all reliance and another incomediate and in	C	C	No	0.0	05.5	0.0	0.0
105	surgery When and	Symptoms, including pancreatitis, jaundice, pain	Consensus	Consensus	consensus	0.0	95.5	0.0	0.0
	how to								
	perform			No	Not				
106	surgery	Thickened/enhanced cyst walls	Consensus	consensus	included	1.5	76.1	0.0	1.5
	When and how to								
	perform	Abrupt change in MPD with distal pancreatic			Not				
107	surgery	atrophy	Consensus	Consensus	included	0.0	91.0	0.0	0.0
	When and								
	how to perform		No	No	No				
108	surgery	An MPD 5 mm or greater	consensus	consensus	consensus	3.0	47.0	0.0	3.0
	When and								
	how to								
109	perform surgery	An MPD 10 mm or greater	Consensus	Consensus	Not included	0.0	97.0	0.0	0.0
103	When and	All Wil D To Hill of greater	Consensus	Consensus	iliciadea	0.0	37.0	0.0	0.0
	how to								
	perform		No	No	Not				
110	surgery When and	Lymphadenopathy	consensus	consensus	included	6.1	57.6	0.0	6.1
	how to								
	perform		No	No	Not				
111	surgery	Increased serum CA19-9 level	consensus	consensus	included	6.1	53.0	1.5	4.5
	When and how to								
	perform		No	No	Not				
112	surgery	Growth rate of 5 mm/2 years or greater	consensus	consensus	included	4.5	68.2	0.0	4.5
	When and	Statement remains unaltered:Pancreatic							
	how to perform	resections should be performed at specialty centers (taking into account volume, morbidity							
113	surgery	and mortality rates and expertise available).	Consensus	Consensus	Consensus	4.1	95.9	4.1	0.0
	When and	,							
	how to	Statement remains unaltered:In case of							
114	perform	suspected PC, an oncological radical resection is indicated.	Concor	Consorrer	Consortius	0.0	92.9	0.0	0.0
114	surgery When and	is indicated.	Consensus	Consensus	Consensus	0.0	32.9	0.0	0.0
	how to	Altered statement:When an HRI undergoes							
4.7-	perform	surgery for suspected small PC (max. 1 cm,							
115	surgery When and	T1M0N0 on imaging)							
	how to								
	perform			Not	Not				
116	surgery	A partial pancreatectomy is suitable	Consensus	included	included	0.0	89.6	0.0	0.0
	When and								
	how to perform		No	No	Not				
117	surgery	A total pancreatectomy is suitable	consensus	consensus	included	43.9	12.1	4.5	39.4
	When and	Altered statement:When an HRI undergoes							
	how to	surgery for a suspected PC, and imaging also							
118	perform surgery	shows multifocal non-suspicious lesions (i.e. multifocal IPMN)							
110	50. BC1 y								

	When and how to								
119	perform surgery	A partial pancreatectomy is suitable	No consensus	Not included	Not included	6.1	48.5	0.0	6.1
	When and how to perform	A partial participation of the	No	No	Not	0.1	40.3	0.0	0.1
120	surgery	A total pancreatectomy is suitable	consensus	consensus	included	21.2	36.4	4.5	16.7
121	Goals of screening	Statement remains unaltered:Detection and treatment of the following pathological lesion should be considered a "success" of a screening/surveillance program:							
400	Goals of	Mary ID NO					00.5		0.0
122	screening	Multifocal PanIN-3	Consensus	Consensus	Consensus	0.0	98.6	0.0	0.0
123	Goals of screening	Unifocal PanIN-3	Consensus	Consensus	No consensus	0.0	97.2	0.0	0.0
	Goals of		No	No	Not				
124	screening	Multifocal PanIN-2	consensus	consensus	included	8.5	46.5	0.0	8.5
	Goals of		No	No	Not				
125	screening	Unifocal PanIN-2	consensus	consensus	included	22.5	29.6	4.2	18.3
126	Goals of screening	IPMN with high grade dysplasia	Consensus	Consensus	Consensus	0.0	97.1	0.0	0.0
120	Goals of	II Will Might grade dyspiasia	No	No	No	0.0	37.1	0.0	0.0
127	screening	IPMN with intermediate or low grade dysplasia	consensus	consensus	consensus	14.1	32.4	0.0	14.1
128	Goals of screening	Pancreatic neuroendocrine tumor (pNET) of 10 mm or greater	Consensus	No consensus	No consensus	7.0	74.6	1.4	5.6
129	Goals of screening	Pancreatic neuroendocrine tumor (pNET) of 5 mm or greater	No consensus	No consensus	No consensus	19.7	36.6	4.2	15.5
130	Goals of	Futra papayantia panglang	No	No	No	12.7	54.9	1.4	11.3
131	Goals of screening	Extra-pancreatic neoplasm  Altered statement:At baseline, detection and treatment of the following pathological lesion should be considered a "success" of a screening/surveillance program:	consensus	consensus	consensus	12.7	34.9	1.4	11.5
132	Goals of screening	Resected cancer confined to pancreas, with negative margins	Consensus	Consensus	Consensus	0.0	95.9	0.0	0.0
133	Goals of screening	Resected cancer spread beyond pancreas, with negative margins	No consensus	Consensus	Consensus	11.0	60.3	1.4	9.6
134	Goals of screening	Altered statement:At follow-up, detection and treatment of the following pathological lesion should be considered a "success" of a screening/surveillance program:							
135	Goals of screening	Resected cancer confined to pancreas, with negative margins	Consensus	Consensus	Consensus	2.7	84.9	1.4	1.4
	Goals of	Resected cancer spread beyond pancreas, with	No	No	No				
136	Goals of screening	negative margins Statement remains unaltered:Evidence supports the contention that compared to the general population, precursor lesions in high-risk groups	consensus	consensus	consensus	17.8	57.5	5.5	12.3
	Goals of		No	No	No				
138	screening	Progress faster to invasive cancer	consensus	consensus	consensus	10.6	28.8	1.5	9.1
	Goals of		No	No	No				
139	screening	Are more likely to progress to invasive cancer	consensus	consensus	consensus	9.0	32.8	1.5	7.5